

Fourier analysis of soft tissue facial shape in subjects with class I malocclusion using a new software

Maryam Vossoghi sheshkalani¹, Parviz Padisar², Mohammad Vossoghi³,
Mitra Vossoghi⁴, Zahra Mohammadi²

¹Prosthodontics Resident, Prosthodontics Department, Kerman Medical University, Iran.

²Assistant professor, Orthodontics Department, Qazvin Medical University, Iran.

³MSc, Electronic Engineering, Qazvin Islam Azad University, Iran.

⁴Assistant professor, Endodontics Department, Ilam Medical University, Iran.

Abstract:

Introduction: Orthodontic treatments can improve facial esthetics. Frontal analysis using two dimensional photographic methods fail to render appropriate analysis of the facial soft tissue shape. This study analyzed the facial soft tissue shape in relation with gender and skeletal classification using Fourier analysis.

Methods and materials: Photographs were taken from the frontal view of 65 adults (35 women and 30 men) using stereophotography. Landmarks were identified by visual and manual examination and highlighted using a marker. All photographs were taken in NHP position. To evaluate photographs, Fourier analysis software was performed. After size normalization by setting area equal to a constant (25000 pixel), the total facial shape was analyzed.

Results: Some Fourier coefficients were correlated to each other. The correlation between sampled and reconstructed curves of facial shape was 99%. The mean coefficients and facial indices were similar in both sexes.

Conclusion: No sexual dimorphism was observed in the facial shape. Sex doesn't influence facial index.

Keywords: Fourier analysis, soft tissue facial shape, sexual dimorphism.

I. Introduction

Physical appearance of individuals has a major effect on personal confidence and social acceptance(1). Several factors effect on esthetic demands such as culture, personal character, ethnicity and age(2). Rather than occlusal relationships, an overall improvement in facial esthetics is achieved after orthodontic treatment(3), so it is necessary to determine facial soft tissue paradigm. Previous investigations assessed facial shape based on radiography and photogrammetry, reduced risk of X ray exposure is a prominent advantage of the latter.

A little is known about the soft tissue paradigm in different population. The size and form of facial shape can be affected by age, gender and skeletal malocclusion(4). Cephalometry provides a relatively simple method to trace shape modification but it is not considered as a proper technique because it does not analyze the configuration entirely. Precise geometrics analyze variations of the facial form(5). Homologous and marginal landmarks can be used to evaluate craniofacial form. Homologous landmarks are true anatomical landmarks, while marginal landmarks are achieved by geometrical calculating anatomical landmarks, both are helpful in reconstruction of morphological characteristics and evaluation of shape modification through time. In this method, complex facial measurements are converted to sine and cosine functions and analyzed as Fourier's series.

Craniofacial landmarks are prone to change with growth and development; hence, marginal landmarks may be used to analyze the overall shape of an individual irrespective of its size, spatial position or its relation with the reference planes(5).

Lu et al. (1965) and Lestrelet al. (1977) used Fourier analysis to reconstruct the facial outline form and to compare the differences among different populations(6, 7).

This method was later used by Ferrario et al. (1995) as a computerized version to analyze soft tissue profile variations in adults among different genders(5).

One of the confounding factors in shape analysis is the size (dimensions) and thus should be standardized in analytical research. Standardization is performed either locally for individual samples by dividing them by the maximum value or subtracting from the mean value, or by means of general approaches which involves a larger number of samples divided by a constant. In two dimensional regular shapes and three dimensional irregular shapes (e.g. face), perimeter and area are respectively referred to as standard indices (6-8).

The purpose of this study was to analyze the frontal view of the facial soft tissue in normal adults using photogrammetric imaging. Marginal landmarks were used to reconstruct the facial outline form and then Fourier analysis was used to evaluate differences among genders.

A descriptive cross section of 60 dental students (35 women and 30 men) of Ghazvin School of Dentistry, Iran, were selected according to normal dentofacial standards (Scheidman et al. 1980). The subjects had no lateral crossbite, no history of orthodontic treatment or craniofacial abnormalities.

The location of standard landmarks was marked on the face of 0.1 mm using a black pen. The landmarks were marked to enhance visibility in photographs. The following soft tissue landmarks were used:

N': the most prominent/anterior soft tissue point on the frontonasal suture.

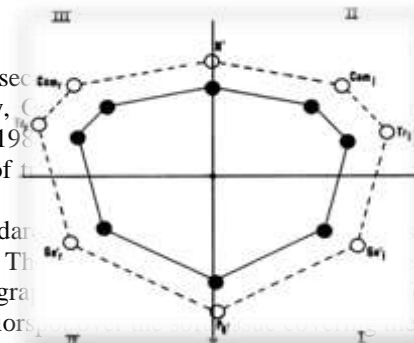
Pog': the most anterior spot on the soft tissue covering the mentum on midsagittal plane (9).

Tr': a cartilagenous prominence anterior to the external auditory meatus(9)

Canth': the corner of the eye where upper and lower eyelids meet(5)

Go': The most lateral portion of the mandible and the most inferior portion of the ramus(9, 10).

Tr' and Go' are two landmarks which are not easily determined in conventional photographic methods and therefore, stereophotogrammetry is used along with the relevant analytical software to locate these landmarks (Fig. 1). In this method, three digital cameras (A₄ Tech, Shuttle) were used. The distance between camera lenses were 5cm. the central camera was aligned with the midline of the chair/stool and the base of the camera. The other two cameras were subsequently located parallel to the central camera. The distance between the posterior leg of the stool and the posterior leg of the base of the camera was 127 cm. a longitudinal mirror (70cm×100cm) was placed in front of each subject and a blue background was designed for each photo. A software was designed to save all three photos in coordination with each other and available for analysis as one whole complex. Each photograph was obtained/taken in high NHP conditions with high repeatability and subsequently saved in bmp format (1, 11-13). The subjects were asked to take a few steps prior to sitting on the stool with feet touching the floor and then stare at their pupils in the mirror.



Methods

60 dental students (35 women and 30 men) of Ghazvin School of Dentistry, Iran, were selected according to normal dentofacial standards (Scheidman et al. 1980). The subjects had no lateral crossbite, no history of orthodontic treatment or craniofacial abnormalities. The location of standard landmarks was marked on the face of 0.1 mm using a black pen. The landmarks were marked to enhance visibility in photographs. The following soft tissue landmarks were used:

N': the most prominent/anterior soft tissue point on the frontonasal suture.

Pog': the most anterior spot on the soft tissue covering the mentum on midsagittal plane (9).

Tr': a cartilagenous prominence anterior to the external auditory meatus(9)

Canth': the corner of the eye where upper and lower eyelids meet(5)

Go': The most lateral portion of the mandible and the most inferior portion of the ramus(9, 10).

Tr' and Go' are two landmarks which are not easily determined in conventional photographic methods and therefore, stereophotogrammetry is used along with the relevant analytical software to locate these landmarks (Fig. 1). In this method, three digital cameras (A₄ Tech, Shuttle) were used. The distance between camera lenses were 5cm. the central camera was aligned with the midline of the chair/stool and the base of the camera. The other two cameras were subsequently located parallel to the central camera. The distance between the posterior leg of the stool and the posterior leg of the base of the camera was 127 cm. a longitudinal mirror (70cm×100cm) was placed in front of each subject and a blue background was designed for each photo. A software was designed to save all three photos in coordination with each other and available for analysis as one whole complex. Each photograph was obtained/taken in high NHP conditions with high repeatability and subsequently saved in bmp format (1, 11-13). The subjects were asked to take a few steps prior to sitting on the stool with feet touching the floor and then stare at their pupils in the mirror.



Fig. 1- Stereophotogrammetry

X and Y axes were drawn on each photograph from N-Pog landmarks and the two canthus landmarks respectively. The X-Y coordinates of each landmark was determined by the computer. Head rotations could be corrected by the software at this stage in a way that if the head was rotated +α degrees to the left, the software would turn it to the opposite direction to the same extent.

A line was drawn to connect the landmarks on each photograph rendering a closed contour. The photographs were standardized using identical pixel area (2500 pixel). The center of gravity was subsequently determined for each shape and adapted on the center of the X-Y axes. 360 vectors were drawn from the center of gravity counterclockwise which ultimately resulted in depiction of the face (Fig. 2). Each vector was defined by its length (modulus) and angle.

Fig.2- the closed contour of the face obtained by connecting the adjacent landmarks

The coordinates of steep and length of each vector with respect to the horizontal axis formed a curve on Cartesian scale $f(x,y)$ in which x and y indicate the length (modulus) and steep of each vector (Fig 3). This method resembled those of Halazonetis et al (1991)(3), Ferrario et al. and Lestrelet et al. (1997)(4, 6) with a slight difference that in this study, all these stages were done automatically with minimal error and less time.

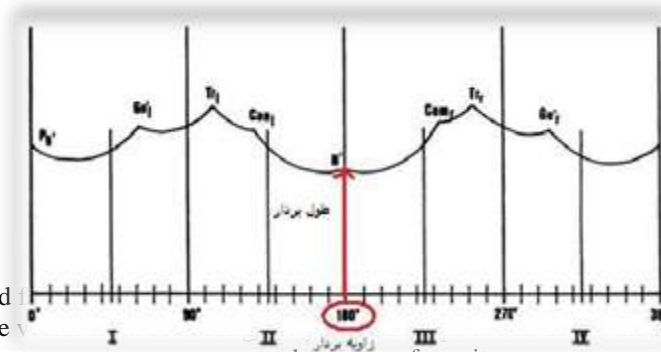


Fig 3- Reconstructed or the distance of the vertical line indicates the modulus of the nearest and farthest landmarks to the center of gravity.

In this stage, the software performs Fourier analysis with 360 series of rotation. The mathematical description of Fourier series is provided in the appendix. The formula was extended until the first twenty series and the succeeding series were disregarded due to high decimals. The Sine (b_n), cosine (a_n) and domain (c_n) coefficients for the first twenty series of Fourier series were calculated for each photograph and the face shapes were reconstructed (Fig 4, 5).

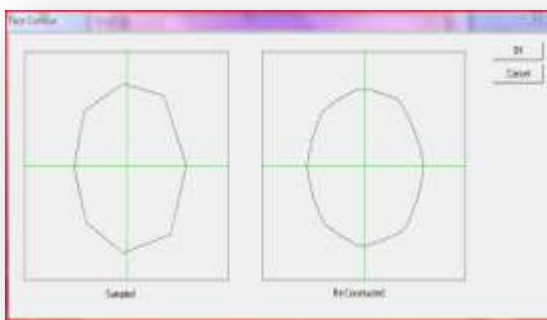


Fig.4- Facial shape contour

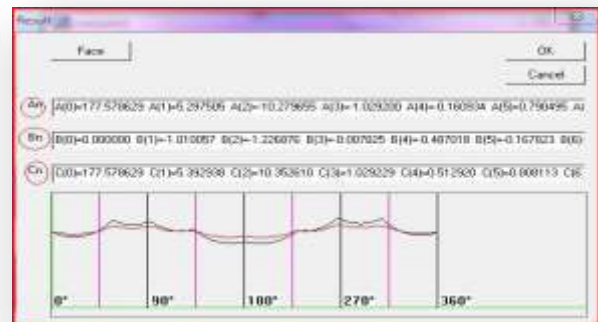


Fig.5- Results

Data were submitted to SPSS software for statistical analysis using T-test, correlation and regression analytical tests.

Ethical considerations:

In order to preserve the identity of each subject, their eyes were faded and the photographs were taken after obtaining informed consent. The photographs were archived in the school's data bank to maintain confidentiality.

III. Results

The Kolmogrov-Smirnov test indicated normal distribution of data among samples (P>0.05). Paired sample t-test revealed 99% correlation between the original and the reconstructed figure (P<0.005). Nonetheless, the mean values differed significantly between the original and the reconstructed curves (P<0.05).

The results failed to show any correlation between sine (b_n) and cosine (a_n) coefficients, hence none could be used independently to reconstruct the facial shape using Fourier analysis(6, 8). On the other hand, some a_n and some b_n coefficients were correlated with their peers in class I malocclusion test analyzed the mean (±SD) values for Fourier coefficients among sexes. Some coefficients i.e. b₃, b₄, b₉, b₁₀, b₁₂, b₁₅, b₁₆, c₁₀, c₁₉ varied significantly in terms of gender between men and women (P<0.05) [table1].

Table 1- Mean (SD) coefficients by gender

variable	Male		Female		P-value
	number	Mean ± SD	number	Mean ± SD	
b ₃	30	0.36±0.63	35	0.02 ± 0.9	< 0.05
b ₄	30	0.267±0.524	35	0.014 ±0.476	< 0.05
b ₉	30	0.148±0.362	35	0.092 ± 0.412	< 0.05
b ₁₀	30	0.11±0.247	35	0.089 ± 0.387	< 0.05
b ₁₂	30	0.043±0.144	35	0.38 ± 0.174	< 0.05
b ₁₅	30	0.078±0.128	35	0.005 ± 0.123	< 0.05
b ₁₆	30	0.081±0.177	35	0.03 ± 0.181	< 0.05
c ₁₀	30	0.175±0.255	35	0.646 ± 0.267	< 0.05
c ₁₉	30	0.209±0.120	35	0.274 ± 0.124	< 0.05

Table 2- mean a,b,c Fourier coefficients among genders

Variable	Male	Female	P-value
	Mean ± SD	Mean ± SD	
Mean a _n	9.48 ± 0.25	9.38 ± 0.29	< 0.05
Mean b _n	0 ± 0.06	0 ± 0.06	< 0.05
Mean c _n	8.84 ± 0.04	8.84 ± 0.04	< 0.05

There were no significant differences in the mean coefficients of a_n, b_n and c_n among men and women [table 2]

IV. Discussion

In this study, a new approach i.e. Fourier analysis was used to reconstruct facial soft tissue contours as described thoroughly in the previous sections. Lu (1965), Ferrario (1995) and Lestrel (1997) had previously used this method, however, the present study was superior to those in that the analysis was done using a computer software (5-7). This study evaluated the effect of gender on the soft tissue contour and their correlation with Fourier series coefficient in normal adults with class I malocclusion.

In this study, the correlation between S and R curves were 99% which were consistent with Ferrario's finding in 1995. The minimal correlation coefficient in the first twenty sentences of Fourier series in Lu's study was 0.6(7). Hence, the correlation of 0.9 retrieved in the present study was acceptable compared to Lue's value. One of the advantages of the classic Fourier's series is the geometrical meaning of harmonious coefficient. The differences in the Fourier coefficients are due to morphological variations (5) in a way that the cosine coefficient of a₀ stands for the size of one form which having been standardized, is similar for all samples. The first sentence is a circle which is shifted toward the maximal area so that it solely depicts the overall facial shape and fails to render details of the shape. As sentences are further added, more details are incorporated in the picture(7). Although size (dimension) is a confounding factor in morphological analysis, yet the majority of analysis are conducted on people with significant differences in dimensions/size; hence morphological differences would not be evaluated(5). Fourier analysis can yield a separate evaluation of the effect of size and shape on morphology by amending size differences(5). Since conventional metric methods fail to analyze the roles of size and shape independently, the sizes were ranged to moderate the differences. This method (i.e. ranging) was not useful enough and its interpretation was difficult(5). Form differences/variations are generally determined by de novo indices(e.g. width: length ratio) which is a combination of different metric techniques(5). Fourier analysis demonstrates the overall contour of a shape and since normalized coefficients of Fourier are constant in terms of direction, quantity/size and location, a true analysis would be achieved/performed (5). In the present study, the size was standardized among all photos with a constant coefficient (25000 pixels). Ferrario (1995) performed a similar method of standardization, however, they used analogous imaging with the unit of millimeter square and

the constant point was 5000(6). In the present study, the vertical axis is compatible with the midsagittal plane of the face which resembled Ferrario's and Lu's study(5, 7).

Greater number of landmarks can be used in the Fourier approach to yield a more precise contour of the face. However, calculations are independent from the number of landmarks. Biological issues such as identification of the landmarks may be the only shortcoming of this method(5, 7). Lu and Ferrario calculated a correlation coefficient of 0.6 and 0.99 between the S and R curves respectively. The 99% correlation coefficient retrieved in the present study, was indicative of adequate number of landmarks compared to Lu's value as the minimal acceptable coefficient(5).

No significant differences were observed in the facial form of the samples in terms of gender and the mean coefficients of a_n , b_n and c_n were similar among men and women. This finding was in agreement with Ferrario's in 1995 who presented similar results in terms of the correlation between gender and facial form, however, it differed from numerous other two-dimensional and conventional metric analytical studies which revealed sexual dimorphism(3-5, 12, 14-20). VFF et al. (1995) had earlier concluded that facial form is affected by age, sex and to a less extent, skeletal classification(15). Two reasons explain this difference between our finding and other two dimensional evaluations; those studies used conventional metric measures and failed to imply comprehensive statistical methods to analyze the results (5, 12, 14-21) Technique of photography and landmark spotting on the photographs are two errors which may occur in two dimensional photographic and radiographic imaging techniques.

Two dimensional frontal plane evaluations are not based on true landmarks because they fail to manipulate head rotations in this technique. To overcome this problem, we marked the true location of the landmarks on each subject's face on the frontal plane (5). In general, two and three dimensional metric techniques are not comparable even though they imply similar landmarks under similar circumstances.

Appendix:

N: Harmony sentences

a_n : Cosine coefficient

b_n : Sine coefficient

τ : Normalized length/modulus of profile

$\Theta = \pi\tau$

$$f(x) = \frac{a_0}{2} + \sum_{n=1}^{20} (a_n \cos \Theta_n x + b_n \sin \Theta_n x)$$

$$f(x) = \frac{a_0}{2} + \sum_{n=1}^{20} [c_n \cos(\Theta_n x + \phi_n)]$$

In the following equations, c_n is the domain and ϕ_n is the phase of harmony sentences:

$$c_n = \sqrt{(a_n^2 + b_n^2)}$$

$$\phi_n = \arctan\left(\frac{b_n}{a_n}\right)$$

References

- [1]. Fernández-Riveiro P, Smyth-Chamosa E, Suárez-Quintanilla D, Suárez-Cunqueiro M. Angular photogrammetric analysis of the soft tissue facial profile. *The European Journal of Orthodontics*. 2003;25(4):393-9.
- [2]. Kuroda S, Sugahara T, Takabatake S, Taketa H, Ando R, Takano-Yamamoto T. Influence of anteroposterior mandibular positions on facial attractiveness in Japanese adults. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2009;135(1):73-8.
- [3]. Halazonetis DJ. Morphometric evaluation of soft-tissue profile shape. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2007;131(4):481-9.
- [4]. Ferrario VF, Sforza C. Size and shape of soft-tissue facial profile: effects of age, gender, and skeletal class. *The Cleft palate-craniofacial journal*. 1997;34(6):498-504.
- [5]. Ferrario VF, Sforza C, Schmitz JH, Miani Jr A, Taroni G. Fourier analysis of human soft tissue facial shape: sex differences in normal adults. *Journal of anatomy*. 1995;187(Pt 3):593.
- [6]. Lestrel PE, Kimbel WH, Prior FW, Fleischmann ML. Size and shape of the hominoid distal femur: Fourier analysis. *American journal of physical anthropology*. 1977;46(2):281-90.
- [7]. Lu KH. Harmonic analysis of the human face. *Biometrics*. 1965:491-505.
- [8]. Scheideman GB, Bell WH, Legan HL, Finn RA, Reisch JS. Cephalometric analysis of dentofacial normals. *American journal of orthodontics*. 1980;78(4):404-20.
- [9]. Jacobson A, White L. Radiographic cephalometry: From basics to 3-D imaging. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2007;131(4):S133.
- [10]. Tehranchi A, Fekrazad R, Zafar M, Eslami B, Kalhori KAM, Gutknecht N. Evaluation of the effects of CO2 laser on debonding of orthodontics porcelain brackets vs. the conventional method. *Lasers in medical science*. 2011;26(5):563-7.
- [11]. Al-Balkhi KM. Orthodontic treatment planning: do orthodontists treat to cephalometric norms. *J Contemp Dent Pract*. 2003;4(4):12-27.
- [12]. Baik H-S, Jeon J-M, Lee H-J. Facial soft-tissue analysis of Korean adults with normal occlusion using a 3-dimensional laser scanner. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2007;131(6):759-66.

- [13]. Severt TR, Proffit WR. The prevalence of facial asymmetry in the dentofacial deformities population at the University of North Carolina. *The International journal of adult orthodontics and orthognathic surgery*. 1996;12(3):171-6.
- [14]. Dandajena TC, Chung KW, Nanda RS. Assessment of anterior face height in a native African sample. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2006;130(2):196-201.
- [15]. Dibbets JMH. Morphological associations between the Angle classes. *The European Journal of Orthodontics*. 1996;18(1):111-8.
- [16]. Dimaggio FR, Ciusa V, Sforza C, Ferrario VF. Photographic soft-tissue profile analysis in children at 6 years of age. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2007;132(4):475-80.
- [17]. Good S, Edler R, Wertheim D, Greenhill D. A computerized photographic assessment of the relationship between skeletal discrepancy and mandibular outline asymmetry. *The European Journal of Orthodontics*. 2006;28(2):97-102.
- [18]. Jain SK, Anand C, Ghosh SK. Photometric facial analysis-a baseline study. *J Anat Soc (India)*. 2004;53(2):11-3.
- [19]. Kiekens RMA, Maltha JC, van't Hof MA, Kuijpers-Jagtman AM. A measuring system for facial aesthetics in Caucasian adolescents: reproducibility and validity. *The European Journal of Orthodontics*. 2005;27(6):579-84.
- [20]. Malkoç S, Demir A, Uysal T, Canbuldu N. Angular photogrammetric analysis of the soft tissue facial profile of Turkish adults. *The European Journal of Orthodontics*. 2009;31(2):174-9.
- [21]. Baydaş B, Erdem A, Yavuz Ib, Ceylan Is. Heritability of facial proportions and soft-tissue profile characteristics in Turkish Anatolian siblings. *American Journal of Orthodontics and Dentofacial Orthopedics*. 2007;131(4):504-9.